

**HCPCS-E1399, Durable Medical Equipment (DME), Miscellaneous or
HCFA K0183, Powered Nasal Irrigator**



Advanced Nasal Sinus Irrigation System
SinuPulse
 Patent Pending Technology
Elite™

Certificate of Medical Necessity

A requirement of your patient's health insurance and/or the Board of Equalization

Name: _____ DOB: _____ Prescription Date: _____

Address and Phone: _____ Sex: M _____ F _____ Initial _____ Renewal _____

_____ HIC#: _____

Insurance Company (s): Policy/Group # (s): Medical supplies and/or equipment will be needed for _____ months from the above date.

#1	_____	#3	_____
#2	_____	#4	_____

Related Diagnosis with applicable diagnosis code (s):

Reason supplies and/or equipment is necessary:

Billing Code:	Required Medical Items (if necessary, list additional items on back)
_____	_____
_____	_____
_____	_____
_____	_____

Note: The SinuPulse Elite® Advanced Sinus Irrigation System may eligible for potential insurance reimbursement using billing code K0183 (Powered Nasal Irrigator) or HCPCS-E1399, Durable Medical Equipment (DME), Miscellaneous

Prognosis: _____ Date last seen PRIOR to this prescription: _____

Physician's Name: _____ Phone Number: _____

Complete Address: _____

Medi-Cal Provider #: _____ Unique Physician ID Number (UPIN) _____

Physician's signature: _____ Date: _____

Manufacturer Tax ID# 954760845

<p>Health Solutions Medical Products Corporation</p>	<p>Health Solutions Medical Products Corp. P.O. Box 4278 Culver City, CA 90231 For Expert Advice: 1-800-305-4095</p>
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